08-01789-cgm Doc 1047-2 Filed 12/08/09 Entered 12/08/09 16:19:58 Exhibit B -Customer Claim Pg 1 of 18

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	CUSTOMER CLAIM	
		Claim Number
		Date Received
BERNARD L	. MADOFF INVESTMENT SE	ECURITIES LLC
	In Liquidation	
, ,	DECEMBER 11, 2008	
r type)		
mer: Foreca	st Designs Retirement Tr	rust c/o Kasper
ss: 32 E.	64th Street	
ork	State: NY	Zip: 10021
1F0140		
Number (Socia	al Security No.): - Redacted	
ACCOMPANY	ING INSTRUCTION SHEET.	SURE TO READ CAREFULLY A SEPARATE CLAIM FORM ND, TO RECEIVE THE FULL
TECTION AFF EIVED BY TH EIVED AFTER	FORDED UNDER SIPA, ALL C HE TRUSTEE ON OR BEFOR THAT DATE, BUT ON OR BI	CUSTOMER CLAIMS MUST BE RE March 4, 2009. CLAIMS EFORE July 2, 2009, WILL BE BEING SATISFIED ON TERMS
	TO THE OLAHAART DI CAOC	

DECEMBER 11, 2008 (Please print or type) Name of Customer: Forecast Designs Retirement Trust 32 E. 64th Street Mailing Address: City: New York State: NY Account No.: 1F0140 Taxpayer I.D. Number (Social Security No.): - Redacted NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SU THE ACCOMPANYING INSTRUCTION SHEET. A SHOULD BE FILED FOR EACH ACCOUNT AND PROTECTION AFFORDED UNDER SIPA, ALL CUST RECEIVED BY THE TRUSTEE ON OR BEFORE RECEIVED AFTER THAT DATE, BUT ON OR BEFO SUBJECT TO DELAYED PROCESSING AND TO BEI LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED. 1. Claim for money balances as of **December 11, 2008**: The Broker owes me a Credit (Cr.) Balance of a. b. I owe the Broker a Debit (Dr.) Balance of 0 C. If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed 0 with this claim form. If balance is zero, insert "None." None d.

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	YES	NO
a. The Broker owes me securities	X	
b. I owe the Broker securities	· · · · · · · · · · · · · · · · · · ·	X
c. If yes to either, please list below:		
		er of Shares or nount of Bonds
Date of Transaction (trade date) Name of Security	The Broke Owes Me (Long)	-
See Nov. 30, 2008 F0140 statements, attached her	reto as Exhibi	t A
\$1,057,023.63 (market value of securities long,	per F0140-3 s	tatement)
\$ 36,300.00 (market value of securities long,	per F0140-4	statement)
\$ (51,260.00) (market value of securities shor	t, per F0140-	4 statement)
Total \$1,042,063.63		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

See Exhibits A and B, and documents submitted herewith.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		x
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Matthew A. Kupill One Pennsylvania Plaza, New York, NY 1011	as, Esq., Mill	perg LLP

502180406

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date Much 24,2009	Signature Subut Kasker
	Herbert Kasper, Truster*
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

^{*}Documents showing Herbert Kasper's authority to act as Trustee on behalf of claimant Forecast Designs Retirement Trust are submitted herewith as Exhibit C.

EXHIBIT A

Poc 1047-2 08 01789 Filed 12/08/09 Mayfair, Lon Tel VOLM TAX PAYER IDENTIFICATION HUNG 12 E Madoff Securities Interna 11/30/08 PERCOS EDIMA 1-F0140-3-0 YOUR ACCOUNT NAMES 885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061 10021 FORECAST DESIGNS RETIREMENT × BERNARD L. MADOFF INVESTMENT SECURITIES LLC C/O KASPER 32 E 64TH STREET NEW YORK New York

London TRUST MADF

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PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Mayfair, Los 골 Madoff Securities Intern: 12]

New York, NY 10022 Fax (212) 838-4061 885 Third Avenue (212) 230-2424800 334-1343

11/30/08

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Doc 1047-2

Filed 12/08/09

Customer Claim

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Pg 7 of 18

Exhibit B -

1-F0140-3-0 YOUR ACCOUNT NUMBER.

10021

¥

32 E 64TH STREET

NEW YORK

C/O KASPER

FRUST

FORECAST DESIGNS RETIREMENT

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

New York

London

MADF

42,236.00 20,808,96 13,748.56 26,932,38 13,660.86 40+408-50 22,775-68 22,270-40 27,571-20 23,060.00 21,793.00 14,046.24 54,957.22 AMOUNT DEBITED TO YOUR ACCOUNT PRICE OF SYMBOL 59.160 52.510 52-040 16-730 73,430 19-630 30-410 337-400 34-900 29.530 29-800 S TREASURY MONEY MARKET S TREASURY MONEY MARKET MARKET CANTOO TECKNOLOGIES CORP ຕ VERIZON COMMUNICATIONS UNITED PARCEL SVC INC WELLS HARGO & CO NON GENERAL ELECTRIC CO U S TREASURY MONEY U.S. TREASURY MONEY DIV 11/12/08 HEWLETT PACKARD CO THELTY SPARTAN CONTINUED DN PAGE U S TREASURY BILL FIDELITY SPARTAN FIDELITY SPARTAN FIDELITY SPARTAN CISCO SYSTEMS U S BANCORP CHEVRON CORP DUE 2/12/2009 CONOCOPHILIPS 11/19/08 CLASS B 375000 78020 81844 86672 21760 16859 77518 94822 **3234** 99650 82346 86170 96606 89.766 23,183 1,9000,000 SOLD DELVERED ON SHORT 66 550 264 2,794 748 396 397 462 1,606 RECEIVED OF LONG 11/12 11/12 11/12 11/12 11/12 11/19 11/12 11/12 11/12 11/12 11/12 11/12 11/12 11/12 11/12 PATE

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

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London 32 E 64TH STREET 1,606 15,000 C/O KASPER NEW YORK BOUGHT RECEIVED OR LONG TRUST MADF 11/19 11/19 11/19

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSE!

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PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

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PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

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EXHIBIT B

EXHIBIT B

- 1. This Claim Form, exhibits, and supporting documentation (collectively "Claim Form") is submitted pursuant to the December 23, 2008 Order of the Honorable Burton R. Lifland and the instructions disseminated by Irving H. Picard, Trustee for Bernard L. Madoff Investment Securities LLC ("Trustee"), on December 11, 2008.
- 2. The information provided in the Claim Form is based on the information provided in the Claimant's latest Madoff account statement and any additional information known by the Claimant as of the date of the submission of the Claim Form. The Claimant reserves the right to amend and/or supplement this Claim Form upon the receipt of further information, or upon request by the Trustee for additional information.
- 3. The Claimant reserves the right to amend the Claim Form in the event of any recoveries by the Trustee or any other party under the avoidance powers of the Bankruptcy Code or otherwise, or in the event of rejections of executory contracts pursuant to Bankruptcy Code Section 365, whether such amendments are made pursuant to Bankruptcy Code Sections 105, 502(g), or 502(h), Bankruptcy Rule 3002(c)(3), (4), other provisions of applicable bankruptcy law, or general principles of law and equity.
- 4. The Claimant hereby requests that the Claim Form be considered as a proof of claim in *In re Bernard L. Madoff Investment Securities LLC*, No. 08-01789 (Bankr. S.D.N.Y.).
- 5. This Claim Form is required to be submitted pursuant to the Court's January 2, 2009 Order and the Trustee's instructions to the Claimant. To the extent permitted by the applicable law, the Claimant does not consent to the jurisdiction of the Bankruptcy Court nor does Claimant waive any right to trial by jury.
- 6. The Claimant reserves all rights, claims, and/or defenses as to and/or against any and all parties potentially liable for the losses sustained by the Claimant, including, without limitation, Bernard L. Madoff Investment Securities LLC and its owners, partners, employees, and affiliates, as well as any potentially liable third parties including, without limitation, investment advisors, "feeder funds," accountants, and auditors.
- 7. The Claimant further reserves all rights, claims, and/or defenses as to and/or against any persons and/or creditors asserting claims against Bernard L. Madoff Investment Securities LLC, its employees, owners, and/or affiliates, in bankruptcy or otherwise.
- 8. The Claimant reserves all objections as to the competence, relevance, materiality, privilege, or admissibility of evidence in any subsequent proceeding or trial of this or any other action for any purpose whatsoever, notwithstanding the submission of any such information to the Trustee.
- 9. To the extent the Claimant has disclosed to the Trustee documents containing accounting and/or legal advice, the Claimant does not waive any potential privileges applicable thereto.

Claimant: Forecast Designs Retirement Trust

- 10. The Claimant reserves all rights with respect to submitting information to the Internal Revenue Service regarding gains, losses, and/or theft of assets.
- 11. The Claim Form and supporting documents contain confidential information. The Claimant submits this information to the Trustee subject to the condition that this information will not to be disclosed to any third parties, other than under seal to the Court, absent the Claimant's express consent or Court order.
- 12. During the lifetime of the account, the Claimant may have contributed and/or withdrawn sums of money. The Claimant's final account balance set forth in Exhibit A takes into account any such contributions and/or withdrawals. Claimant continues to search for additional documents relating to such contributions or withdrawals and reserves the right to supplement this submission if additional documents are found.
- 13. The Claimant submits herewith documents in support of the Claimant's claim. The Claimant reserves any arguments that such documents are not relevant to the Trustee's inquiry. The Claimant further reserves the right to supplement this submission, including the submission of additional documents if deemed necessary. Below is a list of the documents submitted herewith:

2008

• BMIS account statements for time period ending 11/30/08.

08-01789-cgm Doc 1047-2 Filed 12/08/09 Entered 12/08/09 16:19:58 Exhibit B - Customer Claim Pg 16 of 18

EXHIBIT C

Forecast Designs, Inc. Retirement Trust

THIS AGREEMENT is by and between Forecast Designs, Inc., hereinafter referred to as the Sponsor, and Herbert Kasper and Elliot Schuckman, as Trustees.

This Plan and Trust, created in the United States, has been established and restated for the exclusive benefit of the Employees of the Employer, and shall be interpreted and administered in a manner consistent with the requirements of the Internal Revenue Code of 1986, as amended (hereinafter referred to as the "Code"), and the Employee Retirement Income Security Act of 1974, as amended (hereinafter referred to as "ERISA").

ARTICLE I

DEFINITIONS

The following words and phrases, when used herein with an initial capital letter, shall have the meanings set forth below unless a different meaning is implied or required by the context. Additional definitions may be contained in the Section or Article to which such definitions pertain.

- Account A Participant's overall Account as described in Section 5.1, which shall include all amounts attributable to Employer and Employee Contributions (if any).
- Account Balance Except as otherwise provided, or implied or required by the context, a 1.2 Participant's total interest in the Fund based upon the value as of the Valuation Date coincident with or preceding the date of determination. For purposes of determining the amount of distribution to which the Participant, Beneficiary, or Alternate Payee is entitled, the Account Balance shall include any receivable amounts to which the Participant has become entitled as of the date of determination.
- 1.3 Accrued Benefit - Any reference to the Participant's accrued benefit under this Plan shall be interpreted to mean his or her Account Balance.
- 1.4 Alternate Payee - Has the meaning described in Section 11.3.
- 1.5 Annual Additions - The sum of the following amounts credited to a Participant's Account for the Limitation Year:
 - (a) Employer Contributions described in Article III.
 - Employee After-Tax Contributions (if any are authorized by Article IV), **(b)**
 - (c) Forfeitures,
- Amounts allocated after March 31, 1984 to an individual medical account as defined in Code Section 415(1)(2), which is part of a pension or annuity plan maintained by the Employer (these amounts are treated as Annual Additions to a Defined Contribution Plan even though they arise under a Defined Benefit Plan),
- Amounts derived from contributions paid or accrued after 1985, in taxable years ending after 1985, that are either attributable to post-retirement medical benefits allocated to the

SCHEDULE P (FORM 5500)

Department of the Treasury

Internal Revenue Service

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

File as an attachment to Form 5500 or 5500-EZ

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

Schedule P (Form 5500) 2004

For	trust calendar year 2004 or fiscal year beginning and ending	-	
1a	Name of trustee or custodian	······································	
HE.	RBERT KASPER AND ELLIOT SCHUCKMAN		
þ	Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)		
32	EAST 64TH STREET		
C	City or town, state, and ZIP code		
NE	W YORK NY 10021-0000		
	Name of trust RECAST DESIGNS, INC. RETIREMENT TRUST (DEFINED CONTRIBUTION)		
b	Trust's employer identification number Redacted		
3	Name of plan if different from name of trust	-	
		•	•
4	Have you furnished the participating employee benefit plan(s) with the trust financial information required		
	to be reported by the plan(s)?	X Yes	No
5	Enter the plan sponsor's employer identification number as shown on Form 5500		1 . 1
	or 5500-EZ		dacted
	er penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, an	d complete.	
	Signature of fiduciary		
	Date •		

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For the Paperwork Reduction Notice and OMB Control Numbers,

see the instructions for Form 5500 or 5500-EZ.

